Précis
Global Harmonization Task Force
Study Group 2: Vigilance and Postmarket Surveillance

This précis is an overview of the mission, scope and activities of the Global Harmonization Task Force Study Group 2 (SG2). SG2 focuses on the areas of medical devices adverse event reporting, vigilance, and postmarket surveillance. SG2 began its work February, 1996. SG2 is working towards harmonization of the guidelines for adverse event reporting on a worldwide basis, an international system of device vigilance, and postmarket surveillance for medical devices. This précis provides an overview of the mission of this group and its accomplishments to date.

I. SG2: Mission and Scope

A. Terms of reference

The terms of reference as directed by the GHTF in Vancouver in 1995 were:
"To examine the requirements for the reporting of adverse incidents involving medical devices, postmarket surveillance and other forms of vigilance, and to recommend ways of harmonizing the requirements, and to promote the dissemination of relevant information."

B. SG2 Mission Statement and Charge

SG2 further defines its roles to include: (1) improve protection of the health and safety of patients, users and others, (2) evaluate reports and disseminate information which may reduce the likelihood of or prevent repetitions of adverse events, or alleviate consequences of such repetitions, (3) define postmarket medical device reporting and surveillance requirements and guidelines on an international basis. Attached as Annex I is the complete charge for SG2 developed by the group members.

C. Vision for SG2

The vision of SG2 consists of a globally harmonized medical device adverse event reporting, vigilance, and postmarket surveillance process.

D. "Vigilance" and "adverse event reporting"

Although the term "vigilance" has different meanings, for SG2 documents SG2 refers to "adverse event reporting" as information from a manufacturer or designated representative to the appropriate National Competent (Regulatory) Authority (NCA), whereas vigilance refers to reports between or among NCAs concerning known and potential problems with medical devices.

E. Mechanism for establishing an international system

In order to realize the goals of SG2, the recommendations will be forwarded to the GHTF for consideration. When adopted by the GHTF, it is expected that NCAs will review their postmarket

systems, consider an approach to adapt regulations or laws as needed, and attempt to come into conformance with SG2 recommendations.

II. Current regulatory requirements

A. Background to SG2 efforts

The foundation of the SG2 efforts rests on a substantial amount of prior effort to develop rules and regulations for adverse event reporting, vigilance and postmarket surveillance throughout the world.

The two central parties involved in adverse event reporting are the device manufacturers and the NCAs. In its first efforts, SG2 has concentrated on reporting of adverse events between manufacturer and NCA because this approach has attained universal agreement.

SG2 also recognizes the existence of cultural differences in adverse event reporting that go beyond regulatory and legislative matters and which may impact harmonization efforts. The efforts of SG2 are based, in large part, on the Guidelines for Medical Devices Vigilance that have been widely adopted in the European Economic Area and on over twenty years experience with the FDA adverse event reporting system.

B. Current regulatory requirements

The highlights of various rules and regulations under which the participants of the GHTF operate can be found in the "Comparison of Regulatory Reporting Schemes" (GHTF-SG2 N6). At the moment, harmonized rules for reporting adverse events and subsequent arrangements for using either vigilance reports or other postmarket surveillance efforts will have to work on a voluntary basis. Where possible, SG2 attempts to harmonize adverse event reporting and postmarket surveillance activities within the purview of current regulatory mechanisms. Each NCA has some degree of administrative flexibility and SG2 attempts to work within that framework where possible. As noted above, harmonization will require NCAs to make appropriate regulatory or administrative changes, and, perhaps in a few areas, legislative changes.

C. The "meaning" of a report

Adverse event reporting should not imply that the device or the manufacturer is somehow "at fault" and that there is necessarily a problem. Reports of adverse events should be used to understand the use of devices in real world settings, and to discover ways to continuously improve the devices and their use. A full investigation of an adverse event report will often take place after the manufacturer files a report with the NCA. The subsequent corrective action, where appropriate, is intended to reduce the reoccurrence of similar adverse events.

III. Structure of a harmonized vigilance system

A. Authority for international system

As of 1997, the Global Harmonization Task Force remains a voluntary activity of participating

governments and industry. The international system will derive its authority from active participation of a wide network of NCAs.

B. Process of harmonization

The first step in making the transition to a harmonized process is the development of a mutually agreed upon set of guidances. It is possible that minor variations in these guidances can be tolerated within this context; however, it is the aim of SG2 to minimize variations. After a set of guidances is finalized, each NCA should compare its current system with the SG2 system. Where differences exist, an attempt should be made to harmonize with the SG2 system. In the event that is not readily possible, each regulatory authority should establish a plan to come into conformance with the international system. This transition period may take some years.

C. Information sharing

The sharing of information among NCAs is one major focus of the harmonization efforts. This is already underway with the establishment of the EU vigilance process. Recent agreements among countries participating in GHTF, e.g., the recent US/EU Mutual Recognition Agreement (MRA), lay the foundation for the sharing of vigilance reports. One concern is the assurance of confidentiality of reports. The US/EU MRA clearly indicates that device vigilance investigations that are not finalized can remain confidential unless there is an immediate danger to the public health. Sharing information between NCAs facilitates better understanding of how each system functions.

D. Considerations for future information systems

A single international adverse event information management system should be established. This system should have the following properties:

- manufacturers should be allowed electronic access to enter reports of adverse events and subsequent investigation results on the data base;
- these reports should be flagged to identify them as being required by the relevant NCAs;
- manufacturers should have complete access only to the data they enter;
- NCAs should have access to all data;
- NCAs should have access to investigations by all NCAs provided they enter into an agreement recognizing limitations for release of such data;
- provisions should be made by the data base contributors and NCAs to readily identify public health emergencies;
- a coordinating body composed of NCAs should have absolute authority over issues such as data base management, nomenclature, security, confidentiality and translations.

IV. Manufacturers reporting to National Competent Authorities (NCAs)

A standard approach for reporting decisions is included in "Adverse Event Reporting Guidance for Manufacturers" (GHTF-SG2 N19). This document includes:

- a set of guidances for reporting events; ;
- a decision tree diagram illustrating the guidance;
- and a set of examples that illustrate the reporting guidance.

V. Time frame for manufacturers report

SG2 embraces the principle that manufacturers should report to the NCA any event that suggests a significant impact on the public health at the earliest possible time.

At this time there is no harmonization of reporting time frames. Most NCAs require an initial report from the manufacturer to NCA within at most thirty (30) days. Future work of SG2 will seek harmonization of reporting time frames.

VI. Basic Elements of reporting by Manufacturers

Basic information concerning what gets reported to the NCA can be found in "Minimum Data Set for Manufacturer Reports to Competent Authorities" (GHTF-SG2 N7). This is the data set which SG2 has agreed upon as common required data for any reportable event. Information is required such that the NCA can perform an initial analysis. Other data will usually be required by NCAs for detailed analysis of the issue.

An "optimal data set" for a harmonized comprehensive adverse event reporting system is under consideration for future SG2 work.

VII. Communication of Vigilance reports among NCAs

The purpose of sharing reports among NCAs is to reduce the probability of recurrences of similar events in different locations. A form for reporting among NCAs and instructions for how to complete the information in the form are included in "Global Medical Devices Vigilance Report" (GHTF-SG2 N9).

Each NCA must use its own judgment as to what it believes will be important information to communicate to other NCAs concerning their particular adverse event reports. This principle also governs actions each NCA takes in making available information to the public or health care professionals concerning adverse events. (GHTF SG2 N8) Criteria for what constitutes a vigilance case are under development by SG2.

VIII. Considerations for user facility and health professional reporting

User input to the adverse event reporting process is viewed as the starting point for most adverse event reporting systems, and crucial to the overall process of protection of public health. Reporting by user facilities, health professionals or other responsible persons to manufacturers or NCAs is not globally harmonized. SG2 recognizes that there may be need for some future work in this area.

IX. Postmarket Surveillance

In assuring the reliability and safe performance of medical devices in the postmarket period, three general mechanisms are available: adverse event reporting, quality systems requirements, and postmarket surveillance. This third mechanism is defined as the systematic study of medical devices after market entry with the principal aim of assuring continued safety of these devices in ways not best assessed by either adverse event reports or quality systems. One example might be the long term study of revisions for implantable orthopedic devices. A systematic study in this situation will likely be far superior in assessing any product problems in contrast to the other approaches.

The rules and regulations for postmarket surveillance currently vary much more than those for adverse event reports. SG2 will adopt this as a priority work item for global harmonization.

X. Communication

A. Nomenclature used for reporting

One of the major problems in assessing international vigilance reports from NCA to NCA has been the lack of a universal standard product nomenclature for medical devices. While the US and Canada use the FDA standard product nomenclature, much of Europe uses the ECRI system or the NKKN system from Norway. Japan uses their own system. During 1997, an effort funded by CEN, the European standards organization, in cooperation with ISO/TC 210, WG3, has begun to develop a Global Medical Devices Nomenclature. This effort has the cooperation of all parties involved in GHTF. This will facilitate investigation of both type specific and generic device problems.

B. Electronic data interchange (EDI)

The electronic interchange of vigilance information is also part of the vision for the future of adverse event reporting and of vigilance. A prototype system for the transmission of information electronically concerning vigilance cases, called EUROMEDIES, has been developed with the help of the EU. It will become a component of a more general information exchange system which will include all the European Union's MRA participants.

A system of adverse event reports and/or vigilance cases placed on one computer server with international access governed by a series of passwords and other security methods may lessen the need for electronic transmission protocols among countries except for information placed on the server.